SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG 10 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 513025

1. Corporation Name
Sweetwater Branch Inn, Inc

Principal Place of Business
617 East University Avenue
Gainesville FL 32601

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/13/1990

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-3111027
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip
24

Country
25

Zip
29

Country
30

6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Holbrook, Bervann
3540 N.W. 13th Street
Gainesville, FL 32609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Holbrook, Bervann		1.2 NAME	
STREET ADDRESS	3540 N.W. 13th St.		1.3 STREET ADDRESS	400002615414--2
CITY-ST-ZIP	Gainesville, FL 3260		1.4 CITY-ST-ZIP	-08/13/98--01092--008
TITLE		☐ DELETE	2.1 TITLE	****150.00 ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

B 8/12

SIGNATURE: Bervann Holbrook
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AND ADDRESS

Sweetwater Branch Inn
BED & BREAKFAST
CIRCA 1885

August 7, 1998

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

In conversation with a member of your staff, we explained that we never received the initial copy sent out in May and the second notice was received severely mangled.as per enclosed copy.

We have always paid the initial filing fee in a timely fashion and certainly would have followed the procedure had we received the first notice.

At the suggestion of your office, we are enclosing our check for $150.00 and ask that you please accept this amount due to our past performances of punctual payment.

Thank you for your consideration.

Sincerely,

Cornelia Holbrook
Manager

CH/jr

Encs. Check # 6265
Document S13025

625 East University Avenue • Gainesville, Florida 32601 • (352) 373-6760 • Fax (352) 371-3771